



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800002

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAMILTON ROD & GUN CLUB, INC.

DOING BUSINESS A

ADDRESS HAMILTON RD

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: KOMAR, RONALD TYPE OF LICENSE: Club
J

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO BLDGS WHICH HOUSE BANQUET FACILITIES FOR RENTING DOWNSTAIRS BAR FOR CLUB MEMBERS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800005

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PUBLIC HOUSE SERVICE CORP 2

DOING BUSINESS AS THE ORCHARD

ADDRESS E/S HAYNES ST.

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GLICK, MICHAEL J. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800007

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PUBLIC HOUSE SERVICE CORP 1

DOING BUSINESS AS THE PUBLIC HOUSE

ADDRESS MAIN ST.

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GLICK, MICHAEL J. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 1/2 STORY BLDG WITH 9 EXITS,FIVE DINING ROOMS,TWO COCKTAIL LOUNGES WITH STORAGE IN WINE CELLAR IN BASEMENT ADJACENT ANNEX TWO AND ONE HALF DUPLEX BLDG WITH TWO EXITS TO EACH DUPLEX AND SERVICE ON GROUNDS

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800008

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILLAGE PIZZA & RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 487 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GIDOPOULOS,

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTING OF 2,800 SQ. FT. OF WHICH 500 SQ. FT. CONSTITUTES KITCHEN AREA AND 2,200 SQ. FT. SERVING AND EATING. THERE IS ONE ENTRANCE IN FRONT OF THE STORE.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800009

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

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LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TABLE 3 RESTAURANT GROUP I LLC

DOING BUSINESS AS WHISTLING SWAN AND AVELLINO, THE DUCK

ADDRESS 502 MAIN ST.- RTE.20

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GONYA, DANIEL TYPE OF LICENSE: Restaurant
P.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3 FLOORS FOR PUBLIC ENTRANCE AND EXIT ON SOUTH SIDE OF BLDG. A TWO STORY WOOD FRAME BLDG WITH ADDITION LOCATED ON THE NORTH SIDE OF RTE 20. FOUR DINING ROOMS ON FIRST FLOOR, ONE BAR/LOUNGE AREA, ONE SERVICE BAR AND OUTDOOR PATIO ON THE SOUTH SIDE OF BLDG. STORAGE IN CELLAR

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CLASS

YEAR

LICENSEE NAME: MILESTONE HOSPITALITY INTERNATIONAL LLC

DOING BUSINESS AS STURBRIDGE HOST HOTEL & CONFERENCE

ADDRESS 366 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: PRENTISS,
RUSSELL

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN STREET WITH 2 ENTRANCES AND EXITS ON RTE 20 A MOTOR HOTEL CONSISTING OF 150 ROOMS FOR SERVICE TOGETHER WITH A LIQUOR STORAGE ROOM AND CONTIGUOUS TO THE COMMON PARKING AREA A TAVERN RESTAURANT CONSISTING OF A DINING ROOM WITH A BAR ON THE FIRST FLOOR AND BAR IN CELLAR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800013

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AM. MOTOR LODGE, INC.

DOING BUSINESS AS AM. MOTOR LODGE

ADDRESS RTE 20

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: SKARANI, JOSEPH TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS. 2ND FLR 35 ROOMS. COCKTAIL LOUNGE WITH 2 EXITS, 1ST FLR; 20 ROOMS, 2 CONFERENCE ROOMS WITH 2 EXITS AND A BANQUET ROOM WITH EXITS

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800014

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHAMPEAU-VILANDRE POST 109

DOING BUSINESS AS AM. LEG. DEPT. OF MA., INC.

ADDRESS RTE 20

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: SPLAINE,
MICHAEL L.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG . TOP HALL AND BAR, ONE ENTRANCE AND ONE EXIT; BOTTOM FLOOR BAR, KITCHEN AND STORAGE ROOM. ONE ENTRANCE AND ONE EXIT. BOTTOM FLOOR BAR, KITCHEN AND STORAGE ROOM. ONE ENTRANCE AND EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800017

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUP TO NUTS INC.

DOING BUSINESS A

ADDRESS RTE 20

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: QUINLIVAN,
JOHN E. JR

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT OFF RTE 20, ACCESS AND EGRESS DOOR WITHIN MILLYARD BLDG.
ONE FLOOR, TWO ROOMS

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800019

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHUNG MAY INC.

DOING BUSINESS AS KAHULA RESTAURANT

ADDRESS RTE. 131

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: CHAN, KIM
CHUEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, FIVE ROOMS, BRICK AND WOOD. OUTDOOR DECK 16 FT BY 27 FT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800022

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLD STURBRIDGE, INC

DOING BUSINESS AS OLD STURBRIDGE VILLAGE

ADDRESS THE TAVERN

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: ARCOITE,
BRADLEY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OLD STURBRIDGE VILLAGE INCLUDING THE BULLARD TAVERN & ADJACENT GROUNDS,
THE FULLER CONFERENCE CENTER, PATIO AND ADJACENT GROUNDS. FARMER'S
NOONING AND ADJACENT GROUNDS, O.S.V. LODGES MOTOR LODGE AND GROUND AND
THE TAVERN AT OLD STURBRIDGE VILLAGE.

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800023

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GUYETTE FREDERICK

DOING BUSINESS AS FRED'S VARIETY & PACKAGE STORE

ADDRESS 25 BROOKFIELD RD

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GUYETTE,
FREDERICK

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS, WOOD FRAME STRUCTURE APPROX 68 X 24, ENTRANCE
FRONT, EXIT REAR DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800028

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YANKEE SPIRITS,INC

DOING BUSINESS A YANKEE SPIRITS

ADDRESS 376 MAIN ST

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GRILLO,KEVIN

TYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RTE 20, ENTRANCE AND EXIT. TWO FLRS; 1ST FLR; ONE ROOM, RETAIL SALES AND RECEIVING AREA, 2ND FLR; ONE ROOM INVENTORY STORAGE, MASONRY CONSTRUCTION. FOUR EXITS

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800030

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGE A. SLADDIN & DAUGHTER INC.

DOING BUSINESS AS GEORGE A. SLADDIN & DAUGHTER

ADDRESS RTE 20

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: SLADDIN, TANIA

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GAS STATION WITH SALES ROOM ENTRANCE TWO ENTRANCES TO THE STATION FROM
RTE 20

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800031

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WOODS & WATERS, INC.

DOING BUSINESS AS YOGI BEAR'S JELLYSTONE PARK

ADDRESS 30 RIVER ROAD

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: LEAMING, JAMES TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT THRU RIVER RD. SECOND FLOOR GROUND LEVEL ENTRANCE

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800033

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DRAKE PETROLEUM COMPANY,INC.

DOING BUSINESS A XTRA MART

ADDRESS 00215B CHARLTON RD

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: NASON, THERESA TYPE OF LICENSE:Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800038

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ADMIRAL O'BRIEN'S, INC.

DOING BUSINESS AS ADMIRAL T. S. O'BRIEN'S

ADDRESS 407 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: O'BRIEN,
TIMOTHY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800039

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MPG STURBRIDGE LLC

DOING BUSINESS AS PICADILLY PUB RESTAURANT

ADDRESS 362 MAIN ST

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: LITTLE, THOMAS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; ENCLOSED PORCH, MAIN ENTRANCE/EXIT. 2ND FLOOR IS 3830 SQ FT,
EXITS FACING NORTH AND SOUTH

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800041

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S. C. I. MANAGEMENT, INC.,

DOING BUSINESS AS STURBRIDGE COUNTRY INN

ADDRESS 530 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: AFFENITO,
PATRICIA

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED WITHIN THE STURBRIDGE COUNTRY INN. PAIO WILL BE USED SEASONALLY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800046

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLONIAL MOTEL, INC.

DOING BUSINESS AS COMFORT INN AND SUITES STURBRIDGE

ADDRESS 215 CHARLTON RD

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: FANTARONI,
ANTHONY

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800047

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UNO RESTAURANTS, LLC.

DOING BUSINESS A PIZZERIA UNO CHICAGO BAR & GRILL

ADDRESS 100 CHARLTON ROAD

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: VAVALLE, NICK

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800049

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: APPLE NEW ENGLAND LLC

DOING BUSINESS AS APPLEBEE'S NEIGHBORHOOD GRILL & BAR

ADDRESS CENTER AT HOBBS BROOK

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: SEREWICZ, JAMESTYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800050

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOYZZI, INC.

DOING BUSINESS AS ROVEZZI'S RESTAURANT

ADDRESS 2 SCHOOL STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: ROVEZZI,
CHRISTOPHER J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

5000 SQFT 2 STORY BUILDING THREE EXITS ON FIRST FLOOR 36 SEAT DINING AREA
ADJACENT TO KITCHEN 22 SEATS CENTER DINING AREA AND 15 SEAT BAR. 40 SEAT
FUNCTION ROOM ON SECOND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800051

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HYLAND ORCHARD, INC.

DOING BUSINESS A HYLAND ORCHARD & BREWERY

ADDRESS 199 ARNOLD RD.

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: DAMON, DONALD TYPE OF LICENSE: Restaurant
F.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800054

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BIG BUNNY MARKET,INC.

DOING BUSINESS A MICKNUCK'S FRESH MARKETPLACE

ADDRESS 570 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01518

MANAGER: COURNOYER,
JUSTIN

TYPE OF LICENSE:Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED ON RIGHTSIDE TOWARD SPRINGFIELD,APPR.5,000SQ. FT.RETAIL PRODUCE
MEAT & DELI,WITH SOME GROCERIES. ONE MAIN ENTERANCE &EXIT LOCATED IN
MIDDLE OF FRONT STORE,ALSO TWO OTHER ENTERANCES FOR EMPLOYEES &
DELIVERIES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800060

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE COPPER STALLION, LLC

DOING BUSINESS AS THE COPPER STALLION

ADDRESS 538 MAIN ST

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01518

MANAGER: JONI LIGHT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LICENSE WAS APPROVED 1/21/04 WPY ATTACHED THIS APPLICATION IS FOR AMENDMENT TO FLOOR PLAN ONLY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800061

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: METAT LLC

DOING BUSINESS AS ENRICO'S BRICK OVEN PIZZERIA

ADDRESS 500 MAIN ST

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: METAXES,
THEODORE T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50X38' RENTAL SPACE IN A STRIP MALL INCLUDES A 48 SEAT RESTAURANT. BAR WITH 12 SEATS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800062

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EMPIRE VILLAGE INC.

DOING BUSINESS AS EMPIRE VILLAGE

ADDRESS 446 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01521

MANAGER: YING, DONG
YEOU

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, BRICK & WOOD BLDG. OF APPROX. 4000 S/F WITH KITCHEN, LOUNGE AND DINING AREA. WILL SEAT APPROX. 110 CUSTOMERS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800063

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THONG INTHAVONGSA

DOING BUSINESS A THAI PLACE RESTAURANT

ADDRESS 371 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: INTHAVONGSA, THONG

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1720 S/F BLDG. W/ 22 SEAT CAPACITY; ENTRANCE IN FRONT (NORTHSIDE) OF BLDG.;
ENTRANCE ON WEST SIDE OF BLDG; EMERGENCY EXIT IN BACK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800066

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: T.T.S. TRIO CORPORATION

DOING BUSINESS AS KAIZEN RESTAURANT

ADDRESS 479 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: HUNG HO, CHAU TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2000 PLUS SQ. FT. DINING/SERVICE AREA WITH TWO MEANS OF INGRESS/EGRESS LOCATED ON THE NORTHERN SIDE OF THE BUILDING. THERE IS AMPLE PARKING ON A PAVED LOT AND ADDITIONAL PARKING TO THE WEST OF THE BUILDING. THERE IS A THIRD POINT OF INGRESS/EGRESS LOCATED TO EAST WHICH CAN BE ACCESSED THROUGH THE KITCHEN/BACK OFFICE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800071

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILLAGE PIZZA & RESTAURANT, INC.

DOING BUSINESS AS VILLAGE PIZZA & RESTAURANT

ADDRESS 487 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GIDOPOULOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,800 SQ. FT. OF WHICH 600 SQ. FT. CONSTITUTES KITCHEN AREA AND 2200 SQ. FT. IS SERVING AND EATING AREA. THERE IS ONE ENTRANCE IN THE FRONT OF THE RESTAURANT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800072

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE WINEBUYER'S OUTLET LLC

DOING BUSINESS AS THE WINEBUYER'S OUTLET

ADDRESS 453 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: CALDWELL,
MELISSA H.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1615 SQ FT OF COMMERCIAL SPACE ON THE FIRST FLOOR OF PROPERTY LOCATED AT
453 MAIN STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800073

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: K & J CATERING LLC

DOING BUSINESS AS VERITAS RESTAURANT

ADDRESS 420 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: SOUKUP, KELLY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3100 SF WITH SEATING FOR APPROX 90. 2 LEVELS WITH MARKED EXITS ON ALL LEVELS.
2 BARS, UPSTAIRS BAR AND SMALL OUTDOOR SERVICE BAR, 3 DINING ROOMS, PATIO
SEATS 20

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800074

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 392 MAIN STREET LLC

DOING BUSINESS AS SAM'S FOOD STORE

ADDRESS 392 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: CHAUDRY,
AMJAD M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GAS STATION AND CONVENIENCE STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800075

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STURBRIDGE GAS INC.

DOING BUSINESS AS STURBRIDGE GAS

ADDRESS 173 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: BOUHANNA,
JACQUES C.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONVENIENCE STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800076

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEDDY G'S PUB & GRILLE, INC

DOING BUSINESS AS

ADDRESS 179 MAIN STREET

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: GIDOPOULOS,
TED D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT WITH BAR AND DINING AREA, THE WHOLE RESTAURANT INCLUDING KITCHEN, STORAGE SPACE, OFFICE, DINING ROOM AND BAR FOR A TOTAL OF 5300 SQUARE FEET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124800077

CITY OR TOWN STURBRIDGE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRUSH IT OFF LLC

DOING BUSINESS AS BRUSH IT OFF

ADDRESS 559 MAIN STREET SUITES 206 7 207

CITY/TOWN: STURBRIDGE

STATE: MA

ZIP CODE: 01566

MANAGER: MORGAN, DENISE TYPE OF LICENSE: General on
M. premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

REFURBISHED FACTORY, OPEN FLOOR PLAN OF SUITES 206 & 207 WITH ENTRANCE/EXIT
AT EACH END OF 2000SQ.FT. ROOM LEADING DIRECTLY TO BUILDING EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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